

Indiana First Steps Quality Review Record Audit - Intake Review

Child ID #: _____

Cluster: _____

Please be sure to to completely darken the
entire bubble using a #2 pencil.

Key: Y = Yes N = No I = Incomplete NA = Not Applicable

1. Cost Participation income is documented?

Y ☐ N ☐ I ☐

2. Insurance consent, supplemental form, card copy or
Hoosier Healthwise card copy present?

Y ☐ N ☐ I ☐

3. Cost Participation acceptance form is signed and dated?

Y ☐ N ☐

4. CRO1 release is signed and dated?

Y ☐ N ☐

5. Parents rights/consent to proceed signed and dated?

Y ☐ N ☐

6. Reciprocal consents to share signed and dated?

Y ☐ N ☐

7. Eligibility form is complete?

Y ☐ N ☐ I ☐

8. Documentation supports eligibility criteria?

Y ☐ N ☐

9. Physician Health Summary is signed and dated?

Y ☐ N ☐

10. If >31 months, LEA notice is documented?

Y ☐ N ☐ NA ☐

11. 10 day WPN for IFSP meeting?

Y ☐ N ☐ I ☐

12. Services (≥51%) in natural environment?

Y ☐ N ☐

13. If not, justification is completed?

Y ☐ N ☐ I ☐ NA ☐

14. Transition checklist/outcomes complete?

Y ☐ N ☐ I ☐

15. IFSP other services completed?

Y ☐ N ☐

16. IFSP has physician signature and date?

Y ☐ N ☐

17. IFSP Services started within 30 days?

Y ☐ N ☐ I ☐

Cluster: _____
Child ID #: _____
Date of Review: _____

Intake Coordinator: _____

Reviewer: _____

COMMENTS

Must comment on all items scored 'No' or 'Incomplete'

Cost Participation:

Consents:

Eligibility:

LEA notice of ≥ 31 months:

IFSP:

10 day WPN:

Summary of child performance:

Outcomes:

Service in Natural Environment:

If no, justification?

Transition outcome:

Other notes:

Form ID: IF5001

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